

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)	
)	
NEVILLE, et al.)	Art Unit: 1633
)	
Application No. 10/566,886)	Examiner: Marvich, Maria E.
)	
Filing Date: February 1, 2006)	Confirmation No. 9182
)	
For: METHODS FOR EXPRESSION AND)	
PURIFICATION OF IMMUNOTOXINS)	

REQUEST FOR EXTENSION OF TIME

Mail Stop RCE
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

BALLARD SPAHR ANDREWS & INGERSOLL, LLP
Customer No. 23859

July 23, 2009

Sir:

It is respectfully requested that an extension of time for the period indicated below be granted in accordance with the provisions of 37 C.F.R. § 1.136 to take action required in the application identified in the caption, as reflected by the papers submitted herewith:

<input type="checkbox"/>	One Month	\$130.00	\$65.00*
<input type="checkbox"/>	Two Months	\$490.00	\$245.00*
<input checked="" type="checkbox"/>	Three Months	\$1,110.00	\$555.00*
<input type="checkbox"/>	Four Months	\$1,730.00	\$865.00*
<input type="checkbox"/>	Five Months	\$2,350.00	\$1,175.00*

*Small Entity

A credit card payment submitted via EFS Web in the amount of \$3,050.00, representing \$1,620.00 for the fee for the Petition for Revival of an Application for Patent Abandoned Unintentionally Under 37 C.F.R. § 1.137(b); \$810.00 for the fee for the Request for Continued

Adjustment date: 10/28/2009 LDIEP1
07/24/2009 INTEFSW 00002853 10566886
02 FC:1253 -620.00 OP

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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>10/26/09</u>		2 Serial/Patent # <u>10/566,886</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
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X	Extension of Time	wfee	07/23/09	\$ 620.00						
	Notice of Appeal/Appeal			\$						
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			7 TOTAL AMOUNT OF REFUND	\$ 620.00						
		8 TO BE REFUNDED BY:								
		Treasury Check								
		Credit Deposit A/C #:								
		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					--			
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10 REASON:										
	Overpayment									
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X	No Fee Due (Explanation):									
extension submitted after extenable period										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Sherry D. Brinkley</u>		TITLE: <u>Petitions Examiner</u>								
SIGNATURE:		PHONE: <u>(571) 272-3204</u>								
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APPROVED:		DATE: <u>10/28/09</u>								

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